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10/783,438	02/19/2004	Geof Auchinleck	13332.1001	7772

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EXAMINER	
TRAIL, ALLYSON NEEL	
ART UNIT	**PAPER NUMBER**
2876	

DATE MAILED: 09/22/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/783,438	AUCHINLECK, GEOF	
	Examiner	Art Unit	
	Allyson N Trail	2876	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☐ Responsive to communication(s) filed on _____.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-20* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-20* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *2/19/2004* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

Claim Objections

1. Claims 1, 6, and 9 are objected to because of the following informalities:

Re claim 1, line 12: replace "its" with --the blood transfusion's--.

Re claim 6, line 2: delete "the blood unit identifying information".

Re claim 9, line 20: replace "it" with --the wristband--.

Appropriate correction is required.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3. Claims 1-14 are rejected under 35 U.S.C. 103(a) as being unpatentable over Ahlin et al (2002/0095238) in view of Csore et al (2002/0013523).

Ahlin et al teaches the following in regards to claim 1:

(a) assigning a bar code to each patient. The bar code is used as a patient identifier and is worn as a wristband. Information regarding medications or supplies for a particular patient is stored in a system database.

(b) allocating from a supply of bins a specific bin in which the patient's medications/supplies are kept.

(c) an identical bar code (the same as the patient identifying bar code) is placed on bins. The patient information is stored in a system database

Support for teachings a-c can be found on page 7, paragraph 0078.

(d) prescriptions for medications include patient identifying information. (See page 2, paragraph 0015).

(e) and (f) When a patient is to be provided medication from his/her individual bin which is present on the medication cart, the bar code on the wristband of the patient is first scanned by the nurse. (Page 12, paragraph 0132).

"The nurse then slides the accessible sector of the patient bin outward, removes the bar-coded overjacketed packages to the top of the cart, and scans the package bar codes to ensure that they are correct and up-to-date. These steps ensure accuracy and eliminate errors. If the medication is correct, as verified by the nursing station computer with a particular audible sound, the nurse gives the medications to the patient." (Page 12, paragraph 0135).

The prescription information, the patient I.D. and the bed assignment are used to control the medication-dispensing system. (Page 4, paragraph 0049).

Ahlin et al teaches the following in regards to claims 2, 3, 12 and 13:

If the medications (when attempting to obtain medication to be administered to the patient) are not correct or are out-of-date, according to the nursing station computer, a different audible sound directs the nurses attention to the display 230 for further instructions, such as dose discontinued, with further instructions to drop the medications into slot 227 on cart 220. (Page 12, paragraph 0135).

Ahlin et al teaches the following in regards to claim 9:

Assigning a bar code to each patient. The bar code is used as a patient identifier and is worn as a wristband. Patient identification information is read from the wristband and a label (including patient identification information) is placed onto a specific bin in which the patient's medications/supplies are kept. The patient information is stored in a system database (See page 7, paragraph 0078).

When a patient is to be provided medication from his/her individual bin, which is present on the medication cart, the bar code on the wristband of the patient is first scanned by the nurse. (Page 12, paragraph 0132).

"The nurse then slides the accessible sector of the patient bin outward, removes the bar-coded overjacketed packages to the top of the cart, and scans the package bar codes to ensure that they are correct and up-to-date. These steps ensure accuracy and eliminate errors. If the medication is correct, as verified by the nursing station computer with a particular audible sound, the nurse gives the medications to the patient." (Page 12, paragraph 0135).

Ahlin et al teaches the following in regards to claim 10:

Prescriptions for medications include patient identifying information. (See page 2, paragraph 0015).

Ahlin et al teaches the following in regards to claim 14:

"The bar code on the bin can be scanned to ensure a correct match between the bin and the patient as a redundant check for proper operation of the Lazy Susan apparatus." (Page 12, paragraph 0134).

Ahlin et al's teachings above fail to specifically teach the method of ensuring compatibility between a patient and a treatment specifically for the purpose of blood transfusions.

Csore et al (2002/0013523) teaches a method of tracking blood transfusions in such a way to ensure compatibility between the patient and the blood.

"It is important to control the compatibility of a blood component and patient's blood to ensure safe transfusion of the component to the patient. This information includes patient special needs, patient comments, patient transfusion reactions, availability of autologous blood components, availability of directed blood components, significant antibodies, patient blood type, expiration of the current patient specimen, and reserved blood components." (Page 1, paragraph 0005).

""Product ID Tag": The Product ID Tag is attached to the blood product being processed or issued to a patient. It contains information about the patient and the blood product to help in the identification and validation of the patient and product. The Product ID Tag is one of the mechanisms that transfusion services and hospitals use to verify that the patient and the product are correctly matched before transfusion. A typical Product ID Tag consists of three different sections: Patient Information Section (including blood type and blood antibodies), Product Information Section (including identifying the unit of blood, blood type, and antigens), Transfusion Information Section (including a form that is filled out by the technician before, during and after transfusion of the product attached to the

report and relevant information to the transfusion process, which can later be entered into the computer program database. (Page 1, paragraph 0013-0016).

"Completing the remote cross-match is the process wherein a lab technician at the central laboratory L assigns a blood component identified by a segment to a patient specimen. Once the assignment is made, the lab technician proceeds to test the segment with the patient specimen to determine compatibility. Upon completing the cross-match test, the lab technician enters the results into the computer program database. Once the results are saved, the product ID tag will be printed at the location of the blood component L and the blood component will be ready to issue to the patient if the patient and product are compatible." (Page 3, paragraph 0051).

In view of Csore et al's teachings it would have been obvious to one of ordinary skill in the art at the time the invention was made to use Ahlin et al's method of ensuring compatibility between medications and patients along with Csore et al's method of tracking and matching blood units for transfusion purposes. Ahlin et al teaches assigning a bar code to a patient, placing an identical bar code on a medication/supply bin, and comparing the two bar codes to ensure that the correct medication is administered to the right patient. One would be motivated to use Ahlin et al's method with administering blood transfusions. Csore et al teaches methods of preventing a miss-match between patients and the wrong blood type. Comparing the labels on the wristband and the blood unit would only further prevent the possibility of a miss-match.

4. Claims 15-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Ahlin et al (2002/0095238) in combination with Csore et al (2002/0013523) and in further view of Zerhusen et al (2003/0052787).

Ahlin et al teachings in combination with Csore et al's teachings are discussed above.

Ahlin et al additionally teaches a lock for the medication/supply bins and also the bins including RF chips.

"At each of the four standard hospital dose times at every nursing station (8 AM, 12 Noon, 4 PM and 8 PM), a nurse 45, through a hand-held scanner 38, will scan her ID badge and enter her PIN to release the wall-locked medication cart to the particular nurse who rolls the cart to each patient (e.g. room to room or bed to bed), in any order." (Page 5, paragraph 0057).

"Typically, medication cabinets are locked and can only be accessed by authorized personnel. In some cases, each individual patient bin or receptacle in the cabinet is individually locked as well." (Page 1, paragraph 0007). The medication may only be administered if there is a match between the patient's ID and the ID located on the medicine bin.

"RF chips embedded in the base of each bin would be an alternative arrangement." (Page 7, paragraph 0077).

The combination however fails to teach the caregiver having a RFID tag.

Zerhusen et al teaches the following in regards to claims 15-20:

"In one embodiment, device 38 is an RFID sensor for receiving identification information from RFID tags associated with a caregiver, a patient,

medication 42, locked medication box 46, or other equipment or supplies." (Page 4, paragraph 0077).

"An RFID sensor 625 that detects an RFID tag worn by a nurse, and display caregiver icons 630 upon determining from identification information transmitted by the tag that the nurse is an authorized caregiver." (Page 8, paragraph 0111).

In view of Zerhusen et al's teachings it would have been obvious to one of ordinary skill in the art at the time the invention was made to use the nurse's RFID tag taught by Zerhusen et al in place of the nurse identity ID badges used by Ahlin et al's. One would be motivated to use an RFID tag in order to store more information than only the nurse's name. RFID tags are able to store a plethora of information and additionally, RFID tags are easily and accurately read.

Conclusion

5. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure: Lum (2002/0132343), Cork et al (2002/0128585), Joie et al (5,824,216), Kranz et al (2004/0044326), Fletcher-Haynes et al (2003/0072676), Engleson et al (2004/0143459), Penuela et al (2004/0113421), Simpson et al (2004/0121767), White et al (2004/0176984), Savitz et al (2004/0039607).

6. Any inquiry concerning this communication or earlier communications from the examiner should be directed to *Allyson N. Trail* whose telephone number is

(571) 272-2406. The examiner can normally be reached between the hours of 7:30AM to 4:00PM Monday thru Friday.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Michael G. Lee, can be reached on (571) 272-2398. The fax phone number for this Group is (703) 872-9306.

Communications via Internet e-mail regarding this application, other than those under 35 U.S.C. 132 or which otherwise require a signature, may be used by the applicant and should be addressed to [**allyson.trail@uspto.gov**].

All Internet e-mail communications will be made of record in the application file. PTO employees do not engage in Internet communications where there exists a possibility that sensitive information could be identified or exchanged unless the record includes a properly signed express waiver of the confidentiality requirements of 35 U.S.C. 122. This is more clearly set forth in the Interim Internet Usage Policy published in the Official Gazette of the Patent and Trademark on February 25, 1997 at 1195 OG 89.

Allyson N. Trail
Patent Examiner
Art Unit 2876
September 16, 2004

Jared J. Fureman
JARED J. FUREMAN
PRIMARY EXAMINER